

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11212 CERTIFICATE OF DEATH

11215

Reg. Dist. No. 265

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY		Somerset	STATE		Md.
CITY (If outside corporate limits, write RURAL OR and give nearest town)			CITY (If outside corporate limits, write RURAL and give nearest town)		Somerset
TOWN Crisfield			TOWN Marion Station		X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		79 McCready	STREET ADDRESS		(If rural give location)
3. NAME OF DECEASED (Type or Print)			(First)	(Middle)	(Last)
George					Ballard
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	4. DATE OF DEATH
Male	Colored	Widowed	Mar. 2, 1887	68 yr.	Nov. 4 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		
Seafood Worker			Marion Station - Som. Co.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Silous Ballard			Melvire Whittington		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
Yes June 19, 1918 - July 23, 1945			213-22-9183		
17. INFORMANT & ADDRESS			Sadie Hodges Marion Sta., Md.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION		
442x IMMEDIATE CAUSE			(A) Uremia - Acute Dil of Heart		
ANTECEDENT CAUSE(S)			Due to acute nephritis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(B) Chronic myocarditis + Chronic dil. Nephritis -		
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		
21c. WHERE DID INJURY OCCUR? (City or town)			(County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.			21e. HOW DID INJURY OCCUR?		
While at work <input type="checkbox"/>			Not while at work <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from Nov. 3, 1955, to Nov. 4, 1955, that I last saw the deceased alive on Nov. 3, 1955, and that death occurred at 1:00 P.M. from the causes and on the date stated above. SIGNATURE George C Coulter ADDRESS Marion Station, Maryland M.D. DATE SIGNED Nov. 5, 1955 VS A15C 1-55 10M					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)			DATE THEREOF		
Burial			Nov. 8, 1955		
24. REC'D BY REGISTRAR NOV. 7, 1955			REGISTRAR'S SIGNATURE		
DATE			Nellie D. Payne		
25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS		
Charles H. Ward - Marion Sta., Md.			130x 235		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11216

11213 CERTIFICATE OF DEATH

Reg. Dist. No. 260

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Princess Anne Post Office Box 274
HOSPITAL OR INSTITUTION OR STREET ADDRESS	18 yrs.	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH	
(First) Caleb M.		(Middle) (Last) Cottman	
5. SEX M	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 26, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Westover, Som.-Co.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Caleb M. Cottman	14. MOTHER'S MAIDEN NAME Elizabeth Fooks	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.	
16. SOCIAL SECURITY NO. 214-32-6010		17. INFORMANT & ADDRESS Rosa E. Cottman-Princess Anne, Box 274	
X DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 43IX IMMEDIATE CAUSE (A) Acute Myocarditis		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 12, 1955, to Nov. 12, 1955, that I last saw the deceased alive on Nov. 12, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above.			
SIGNATURE Eleanor G. Maybomay		ADDRESS (Street, city, town, state) Princess Anne, Md.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 17, 1955	NAME OF CEMETERY Cottman Grove
24. REC'D BY REGISTRAR		LOCATION (City, town, or county) Westover, Som.-Co. Md. (State)	
DATE 11/15/55		REGISTRAR'S SIGNATURE R. St. Johnson, M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward - Marion Sta., Md.	

STATE OF HAWAII - DEPARTMENT OF DEFENSE

HAWAII CERTIFICATE OF DEATH

DEATH

BUREAU
RECEIVED
NOV 16 1955

DEATH

1.5

11214 CERTIFICATE OF DEATH

Reg. Dist. No. 261

I. PLACE OF DEATH: COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL or TOWN and give nearest town) <u>X Marion Station</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>X Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u>✓</u>	
3. NAME OF DECEASED (First) <u>Romania</u> (Middle) <u></u> (Last) <u>Bottman</u>		4. DATE OF DEATH: (Month) <u>Nov</u> (Day) <u>5</u> (Year) <u>1955</u>	
5. SEX: <u>Female</u> 6. COLOR OR <u>Black</u> 7. MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>1955</u> 9. AGE last birthday <u>3</u> IF UNDER 1 YEAR <u>Months</u> <u>Days</u> IF UNDER 24 HRS. <u>Hours</u> <u>Min.</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Servant</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Marion</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Robert Collins</u>		14. MOTHER'S MAIDEN NAME: <u>Rachel Bott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No, or Unc.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>916.0</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>None</u>		(A) DUE TO <u>Burned to Death</u> (B) DUE TO <u>Was left in house alone,</u> (C) DUE TO <u>House caught fire & was burned to death</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>			
19A. DATE OF OPERATION: <u>0</u> no ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, office, bldg., etc.) <u>House</u> 21C. WHERE DID INJURY OCCUR? (City or town) <u>Marion, Son. Md.</u> (County) <u>State)</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Nov 5-55. 12:30 P.M.</u>		21E. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <u>House caught fire & her to death</u> 21F. HOW DID INJURY OCCUR? <u>Burned</u>	
22. I hereby certify that I attended the deceased from <u>Marion</u> alive on <u>Nov 5-55.</u> , and that death occurred at <u>9 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Wm. Coulbourn</u> ADDRESS <u>M.D.</u> DATE SIGNED <u>Nov 7-1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremated</u>		DATE THEREOF <u>11-8-55</u> NAME OF CEMETERY OR CREMATORIAL <u>Family Cemetery - Marion Sta. Md.</u> LOCATION (City, town, or county) <u>(State)</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>	
24. FUNERAL DIRECTOR ADDRESS		<u>George W. Gilghman</u>	

BUREAU V. S

NOV 17 1955

RECEIVED

11218

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 960

1. PLACE OF DEATH:

COUNTY

Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

Princess Anne - Rural

LENGTH OF STAY
(In this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

d.s. Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE

Maryland

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWNSTREET
ADDRESS

Burlock

(If rural, give location)

Route 2

3. NAME OF
DECEASED:
(Type or Print)

Male

Negroid

Robert

Hinkle

A. Watson

Hinkle

Watson

WILSON, JR., MARY ANN - CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11219

11216 CERTIFICATE OF DEATH

Reg. Dist. No. 265-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>SOMERSET</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>CRISFIELD</u>		STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CRISFIELD</u> 39 STREET ADDRESS (If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCREADY HOSPITAL</u>					
3. NAME OF DECEASED: (Type or Print) <u>WILLIE</u>		(First) <u>WILLIE</u> (Middle) <u>ANN</u> (Last) <u>GREEN</u>	4. DATE OF DEATH: <u>NOVEMBER 19, 1955</u>		
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>SINGLE</u>	8. DATE OF BIRTH: <u>NOVEMBER 19, 1955</u>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>NONE</u>	9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS. 0 yrs. Months Days Hours Min. 2 50		
13. FATHER'S NAME: <u>WILLIE GREEN</u>		11. BIRTHPLACE (State or foreign country): <u>CRISFIELD, MARYLAND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
16. SOCIAL SECURITY NO.: <u>None</u>		17. INFORMANT & ADDRESS: <u>ISABELLE MORGAN</u> N. SOMERSET AVE.			
18. MEDICAL CERTIFICATION		Interval Between Onset And Death			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>761.5</u> Immediate cause		(a) <u>premature birth</u> DUE TO			
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(b) <u>premature separation of placenta</u> 1 week DUE TO			
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION:		20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN) <u>CRISFIELD, MD.</u>	(COUNTY) <u>SOMERSET</u>	(STATE) <u>MARYLAND</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>11:05 1:50</u>		
22. I hereby certify that I attended the deceased from <u>Nov. 19, 1955</u> , to <u>Nov. 20, 1955</u> , that I last saw the deceased alive on <u>Nov 19, 1955</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above. SIGNATURE <u>George G. Ballou, M.D.</u> ADDRESS <u>Marion Sta. Md.</u> DATE SIGNED <u>11-20-55</u> (Degree or title)					
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) <u>BURIAL</u>		NAME OF CEMETERY OR CREMATORIUM <u>SUNNYRIDGE CEMETERY</u>	LOCATION (City, town, or county) <u>CRISFIELD, MD.</u> (State)		
DATE REC'D BY LOCAL REGISTRAR <u>11-20-55</u>	REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>	24. FUNERAL DIRECTOR <u>BRADSHAW & SONS - CRISFIELD, MD.</u> ADDRESS			
20X5305292					

RECEIVED
BUREAU V. S.

OCT 29 1955

MARYLAND STATE DEPARTMENT OF HEALTH

11220

11217 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 261-

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X Marion		LENGTH OF STAY 20 yrs place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR Marion		STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) B.	(Last) Hodges	4. DATE OF DEATH	(Month) Nov.	(Day) 12	(Year) 55
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 128, 1889	9. AGE last birthday 66	If under 1 year Months	If under 24 hrs Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farming		10b. KIND OF BUSINESS OR Farming		11. BIRTHPLACE (State or foreign country) Petersburg, Virginia		12. CITIZEN OF WHAT USA	
13. FATHER'S NAME Edward Hodges		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Edward Hodges							
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Coronary Disease (occlusion) Immediate cause (a) Arterio Sclerosis Antecedent cause(s) (b) Arterio Sclerosis Diseases or conditions, if any, giving rise to the above cause (c) stating the underlying cause last							
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE <input type="checkbox"/> Home <input type="checkbox"/> farm, factory, street, <input type="checkbox"/> office bldg., etc.) INJURY		(CITY OR TOWN) Marion (COUNTY) Somerset (STATE) Md			
TIME (Month) 1 (Day) 15 (Hour) 55 OF INJURY		INJURY OCCURRED While at <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>		HOW DID INJURY OCCUR? —			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE W.H. Coulbourn M.D.		(Degree or title) Crisfield Md		DATE SIGNED Nov 13/55			
23. BURIAL, CREMATION (Specify) Burial		DATE THEREOF 11-15-55		NAME OF CEMETERY OR CREMATORIAL St. Paul's Cemetery		LOCATION (City, town, or county) (State) Marion, Maryland	
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE Nellie D. Payne		24. FUNERAL DIRECTOR Lewis R. Wilson		ADDRESS Princess Anne, Maryland	

1800
S. 1800

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11218

CERTIFICATE OF DEATH

11221

Reg. Dist. No. 260.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 1, FilmG190 12-7-55 et

1. PLACE OF DEATH. COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Upper Fairmount</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		LENGTH OF STAY (In this place) <u>life</u> STREET ADDRESS <u>Upper Fairmount</u> (If rural give location)	
3. NAME OF DECEASED: (Type or Print) <u>Martha Emily Holiana</u>		(First) (Middle) (Last)	
5. SEX: <u>F</u> 6. COLOR OR RACE: <u>White</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u> 8. DATE OF BIRTH: <u>Dec. 31, 1865</u> 9. AGE last birthday 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> 10B KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> 10B KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country): <u>Rumley</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTHPLACE (State or foreign country): <u>Rumley</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Charles Beauchamp</u>		14. MOTHER'S MÄDEN NAME: <u>Sedalia Blake</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <u>Yes</u> (If Yes, give war or dates of service) <u>1861-1865</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT & ADDRESS: <u>Mrs Irene Holiana</u>		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> IMMEDIATE CAUSE <u>Myocarditis</u> ANTECEDENT CAUSE (8) <u>Atherosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Hemibody</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> <u>10 yrs.</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>street, office bldg., etc.</u>	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) <u>Princess Anne</u> (State) <u>Maryland</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Seyt.</u> , 19 <u>55</u> to <u>Nov.</u> , 19 <u>57</u> that I last saw the deceased alive on <u>16.2.5. 1955</u> and that death occurred at <u>JUIN</u> M, from the causes and on the date stated above. SIGNATURE <u>All Lewis</u> ADDRESS <u>Princess Anne, Maryland</u> DATE SIGNED <u>1957</u>			
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 27, 1955</u> NAME OF CEMETERY OR CREMATORIUM <u>Muir Fairmount</u> LOCATION (City, town, or county) <u>Md</u> (State)	
DATE REC'D BY LOCAL REGISTRAR <u>11/26/57</u>		REGISTRAR'S SIGNATURE <u>R. J. Jones, M.D. 97</u> 24. FUNERAL DIRECTOR <u>Harry B. Miles Upper Fairmount</u> ADDRESS	

BURPAU V

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11223

11219 CERTIFICATE OF DEATH

Reg. Dist. No.
265

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY X Somerset	MARYLAND CITY (If outside corporate limits, write RURAL OR end give nearest town) X Crisfield	LENGTH OF STAY (in this place) lifetime	STATE Maryland	COUNTY Somerset	CITY (If outside corporate limits, write RURAL and give nearest town) X Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS X McCready Hospital			STREET ADDRESS Mariners Section	(If rural give location)	
3. NAME OF DECEASED (First) JOHN (Middle) EDWARD (Last) JOHNSON			4. DATE OF DEATH November 7 1955		
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 12, 1883	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Crisfield, Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Johnson			14. MOTHER'S MAIDEN NAME Clara Horsey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) X no		16. SOCIAL SECURITY NO. 216-07-1758		17. INFORMANT & ADDRESS Mariners Section Miss Pauline Johnson—Crisfield, Md.	
18. MEDICAL CERTIFICATION 596.9 IMMEDIATE CAUSE (A) Myocardial condition ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) Chronic Myocarditis & Chronic Nephritis STATING UNDERLYING CAUSE LAST. DUE TO (C) Virus infection followed by Myocardial Condition			INTERVAL BETWEEN ONSET AND DEATH 1 week Int. Years		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 29, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 3:15 P.M. from the causes and on the date stated above. SIGNATURE M.D. Marion Sta. Md. Somersett 11-8-55 ADDRESS (Street, city, town, state) DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 9, 1955		NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	
24. REC'D BY REGISTRAR 11-8-55		REGISTRAR'S SIGNATURE		LOCATION (City, town, or county) Crisfield, Md.	
DATE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons—Crisfield, Md.	



CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)LENGTH OF STAY
(in this place)

TOWN: Princess Anne

81 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Beechwood St.

3. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

5. SEX: 6. COLOR OR
RACE: 7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
male white Widowed8. DATE OF BIRTH:
Nov. 17, 18749. AGE last birthday
81 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life.)
even retired meat cutter10B KIND OF BUSINESS
OR INDUSTRY:

13. FATHER'S NAME:

E. Frank Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

no

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

(A)
DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

6 days

ANTECEDENT CAUSE (S)

(B)
DUE TO

Chronic Myocarditis

2 yrs

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Hypertension

2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Senility, Arteriosclerosis

2 yrs

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

none

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

none

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from July 19, 1955 to Nov. 24, 1955, that I last saw the deceased
alive on Nov 24, 1955 and that death occurred at 10:30 A.M. from the causes and on the date stated above.
SIGNATURE: *B. Frank Giganth* ADDRESS: *M.D. Princess Anne Md.* DATE SIGNED: *Nov 25, 1955*23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

II-26-1955

Manokin Presbyterians

Princess Anne, Md.

ADDRESS

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

11/26/55

R. J. Johnson, M.D.

Deems R. Wilson

ADDRESS

Princess Anne, Maryland

GLORIA V. S.

DEC 1

THE GENEVA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
11221 CERTIFICATE OF DEATH

11226

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Deaf Island</u> LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Deaf Island</u> STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED: (Type or Print) <u>GROVER C. MASON</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov 15 1955</u>	
5. SEX: <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH: <u>Feb 22-1891</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deaford</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>oystering crabbing</u>	
13. FATHER'S NAME: <u>CHARLES B. MASON</u>		14. MOTHER'S MAIDEN NAME: <u>VIRGINIA THOMAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-12-3247</u>	
17. INFORMANT & ADDRESS: <u>Pauline Mason, Deaf Island</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>163X</u> IMMEDIATE CAUSE (A) <u>Lung cancer</u> ANTECEDENT CAUSE (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>Mid September</u>		19B. MAJOR FINDINGS OF OPERATION <u>lung cancer</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>51. Johns M.E.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-1-55</u> , 19 <u>...</u> , to <u>11-15-55</u> 19 <u>...</u> , that I last saw the deceased alive on <u>11-15-55</u> , 19 <u>...</u> , and that death occurred at <u>6:45 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Everett C. Suttler</u> ADDRESS <u>Deaf Island</u> DATE SIGNED <u>11-16-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 18-1955</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>51. Johns M.E. Deaf Island</u> (State) <u>MD</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11/18/55</u>		REGISTRAR'S SIGNATURE <u>Lela J. Wheatley</u> FUNERAL DIRECTOR <u>Howard Webster</u> ADDRESS <u>Deaf Island</u>	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11227

11222 CERTIFICATE OF DEATH

Reg. Dist. No. 360

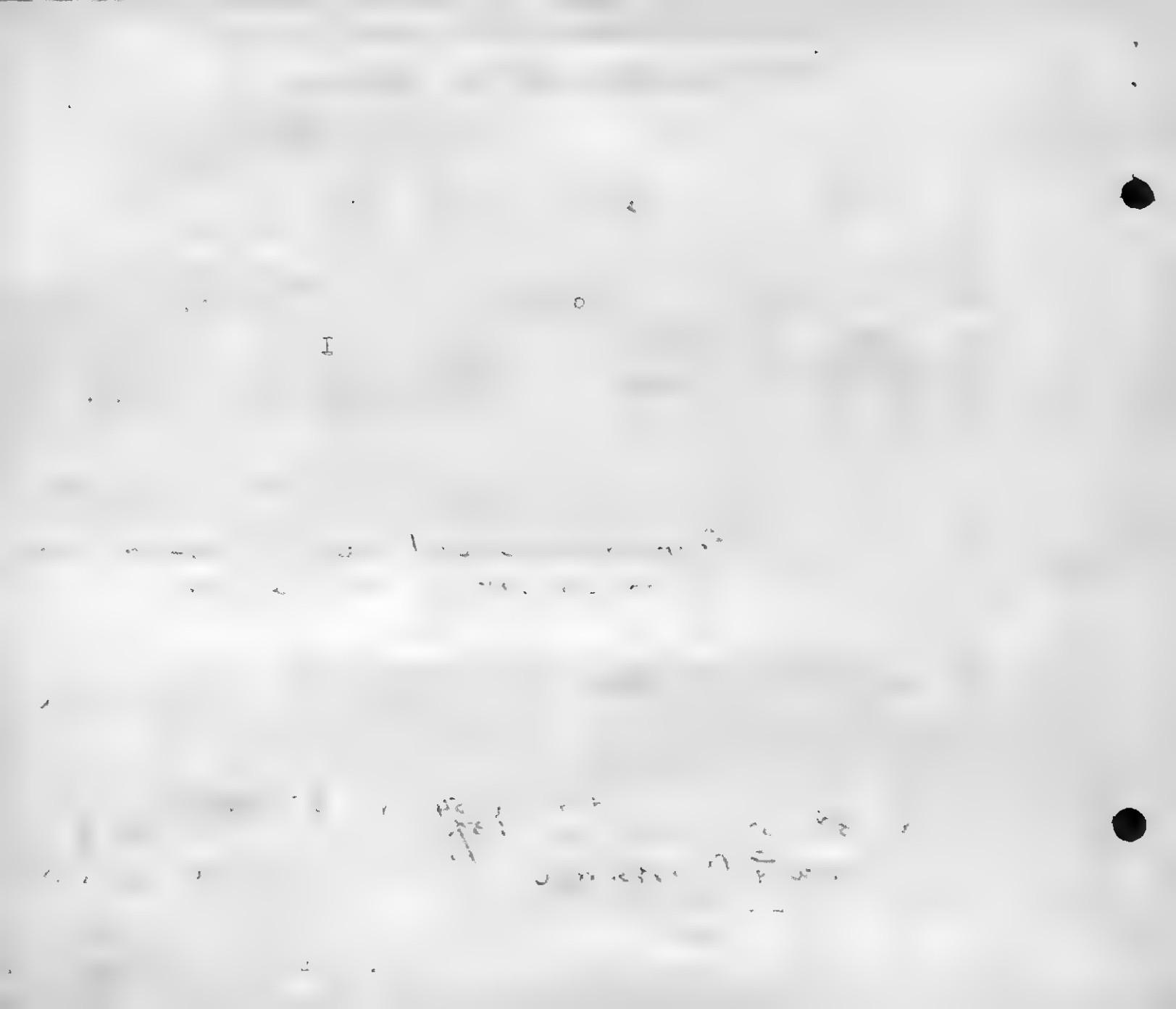
INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Somerset		STATE Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Oriole		LENGTH OF STAY (In this place) 87 years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS no		STREET ADDRESS (If rural give location) X	
3. NAME OF DECEASED (Type or Print) David		(First) (Middle) (Last) McDaniel	
5. SEX male	6. COLOR OR white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 10, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if farming)		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (State or foreign country) Oriole, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George McDaniel		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or No) no		16. SOCIAL SECURITY NO. no	
		17. INFORMANT & ADDRESS Mrs Gladys Webster Deal Island Maryland	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 142.0 IMMEDIATE CAUSE (A) Gastricoma oral Cavity involving Salivary glands and Gums - 4 years ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) stating underlying cause last. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER!)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 16, 1954, to Nov 3, 1955, that I last saw the deceased alive on Nov 3, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above. SIGNATURE Eldon E. Mayson ADDRESS (Street, city, town, state) Princess Anne, Md. DATE SIGNED 11-5-55			
23. BURIAL, CREMATION, REMOVAL Burial		DATE THEREOF II-6-1955	
		NAME OF CEMETERY OR CREMATORIUM Oriole Cemetery	
		LOCATION (City, town, or county) Oriole, Maryland	
24. REC'D BY REGISTRAR 11/5/55		REGISTRAR'S SIGNATURE R. L. Johnson, M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE Levin R. Wilson' Princess Anne, Md.	
DATE		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11228

11209 CERTIFICATE OF DEATH

Reg. Dist. No. 5

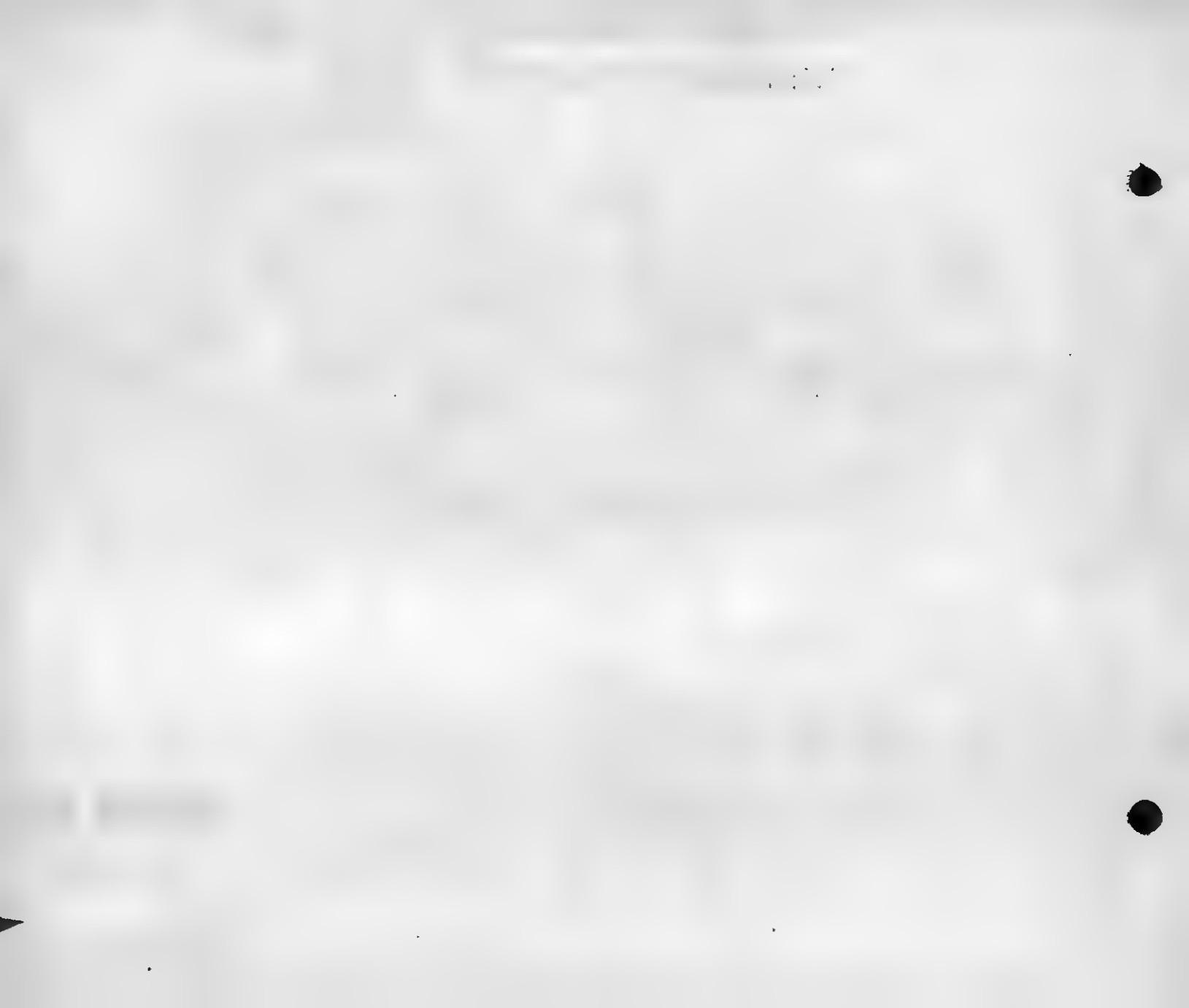
INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10A

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY 39 TOWN	Somerset Crisfield	MARYLAND LENGTH OF STAY (in this place) lifetime	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield STREET ADDRESS Lawsonia Section
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia Section		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield (If rural give location) Lawsonia Section	
3. NAME OF DECEASED (First) JAMES (Middle) MADISON (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) November 2 19 55	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 25, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood Packer		10b. KIND OF BUSINESS OR INDUSTRY Seafood Industry	9. AGE last birthday 78 YRS. IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME Hance Moore		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-09-4828	17. INFORMANT & ADDRESS Harry Moore-Lawsonia Section-Crisfield, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) Acute Myocardial Infarction ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO c/o (C) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 min. few years 5 day	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Varic Impaction			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/9, 1954, to 11/2, 1955, that I last saw the deceased alive on 11/1, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above. SIGNATURE G.N. Ban M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Nov. 5, 1955	NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery	LOCATION (City, town, or county) Crisfield, Maryland (State)
24. REC'D BY REGISTRAR DATE 11/5/55	REGISTRAR'S SIGNATURE B. Jackson's cleane	25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.	ADDRESS



INSTRUCTIONS

TO ATTENDANT: The law requires that the death certificate be executed within 24 hours after death.

TO PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**11210 CERTIFICATE OF DEATH**

11229

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY 39 TOWN		Somerset Crisfield	MARYLAND LENGTH OF STAY lifetime	STATE CITY OR TOWN		Maryland Crisfield	COUNTY Somerset
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Main St.				STREET ADDRESS 20 Main St.		(If rural give location)	
3. NAME OF DECEASED (Type or Print) IRA WILLIAM ROACH				4. DATE OF DEATH November 6 1955			
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH July 17, 1900	9. AGE last birthday 55 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus driver			10b. KIND OF BUSINESS OR INDUSTRY Transit Line	11. BIRTHPLACE (State or foreign country) Crisfield, Md.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John William Roach				14. MOTHER'S MAIDEN NAME Missouri Tyler			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO. 216-05-3195	17. INFORMANT & ADDRESS Mrs. Missouri Roach—Crisfield, Md.			20. Lain St.
18. MEDICAL CERTIFICATION							
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>Acute Myocardial Infarction</u> IMMEDIATE CAUSE (A) <u>Arteriosclerotic Heart Disease with</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Coronary Insufficiency & Deterioration</u> DISEASES OR CONDITIONS, IF ANY, (C) <u>one year</u> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</p>							
<p>INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u></p>							
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from December 19, 1954, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above.							
SIGNATURE <i>A. N. Ban, M.D.</i>				ADDRESS (Street, city, town, state) <i>Crisfield, Md.</i> DATE SIGNED <i>Nov. 8, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov. 10, 1955		NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery		LOCATION (City, town, or county) Crisfield, Md. (State)	
24. REC'D BY REGISTRAR DATE 11/13/55		REGISTRAR'S SIGNATURE <i>Barbara L. Redone</i>		25. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.		ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11211 CERTIFICATE OF DEATH

Reg. Dist. No. 11230
365

1. PLACE OF DEATH:

COUNTY SOMERSET MARYLAND
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY
 OR and give nearest town) TOWN CRISFIELD (in this place) 60 YEARS
 HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 MYRTLE ST.

3. NAME OF DECEASED:
(Type or Print)(First) IDA(Middle) SELBY(Last) SOMERS

5. SEX:

FEMALE6. COLOR OR RACE: WHITE7. SINGLE, MARRIED, WIDOWED, DIVORCED.
(Specify): Widowed10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC11. BIRTHPLACE (State or foreign country): WICOMICO COUNTY, MARYLAND12. CITIZEN OF WHAT COUNTRY? U.S.A.13. FATHER'S NAME: JAMES E. SELBY15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service) —16. SOCIAL SECURITY NO.: —17. INFORMANT & ADDRESS: 200 MYRTLE ST.CLYDE COVINGTON — CRISFIELD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15X
Immediate cause(a)
DUE TOCarcinoma stomach

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last.(b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

Interval Between Onset And Death

19c. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Work Not While At Work

HOW DID INJURY OCCUR?

20. AUTOPSY ?

Yes No

ADDRESS

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED
OF INJURY m. While at Work Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... , 19 53, to , 19 53, that I last saw the deceasedalive on 11-20, 1955, and that death occurred at .
(Degree or title)SIGNATURE Ida Somers ADDRESS Crisfield, Md. DATE SIGNED 11/22/55

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

REMOVAL (Specify) BURIAL Nov. 22, 1955 SUNNYRIDGE CEMETERY CRISFIELD, MD.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR Barbara L. Adams ADDRESSDATE REC'D BY LOCAL REGISTRAR Nov. 22, 1955 BRADSHAW & SONS - CRISFIELD, MD.



1

INSTRUCTIONS

TO ATTEND: The law requires that the death certificate be executed within **24 hours** after death.

TO PHYSICIAN OR HOSPITAL: The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**11223 CERTIFICATE OF DEATH**

11231

Reg. Dist. No. 260

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY STREET ADDRESS (If rural give location)
X <i>SOMERSET</i> <i>Westover</i>	<i>MARYLAND</i> <i>Westover</i>	MD <i>Westover</i>	<i>SOMERSET</i> <i>Westover</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00			
3. NAME OF DECEASED (Type or Print)		(First) <i>SUSAN</i>	(Middle) <i>GILLINS STEAVSON</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>COL</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MAR 15 1879</i>
9. AGE last birthday yrs. <i>76</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	11. KIND OF BUSINESS OR INDUSTRY <i>Westover</i>	12. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>JAMES, BARKLARD</i>	14. MOTHER'S MAIDEN NAME <i>MARY A</i>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>9</i> (If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>George Collins - Westover, Md. Box 21</i>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>442X</i> IMMEDIATE CAUSE <i>Cerebral Thromboses</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Generalized arteriosclerosis</i>		10 year	
DUE TO <i>Chronic Myocarditis</i>		2 yrs.	
C (C) <i>Chronic Neglect</i>		10 years	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) <i>Baltimore</i> (State) <i>Md.</i>
21d. TIME OF INJURY (Month) <i>Sept</i> (Day) <i>10</i> (Year) <i>1955</i> (Hour) <i>5:45</i> M. <i>at work</i>	21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 10, 1955</i> , to <i>Nov 3, 1955</i> , that I last saw the deceased alive on <i>Nov 3, 1955</i> , and that death occurred at <i>5:45 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Frank Gigant M.D.</i> ADDRESS <i>20 Prince William St.</i> DATE SIGNED <i>11/4/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>	DATE THEREOF <i>NOV 5 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>COTTAGE CEMETERY</i>	LOCATION (City, town, or county) <i>Westover</i> (State) <i>Md.</i>
24. REC'D BY REGISTRAR DATE <i>11/4/55</i>	REGISTRAR'S SIGNATURE <i>R.S. Johnson M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles H. Ward</i>	ADDRESS <i>MD</i>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11232

11224 CERTIFICATE OF DEATH

Reg. Dist. No. 365

1. PLACE OF DEATH:

COUNTY SOMERSET

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

CRISFIELD

LENGTH OF STAY
(In this place)

3 DAYS

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

69

MCCRADY HOSPITAL

3. NAME OF
DECEASED:
(Type or Print)

EFFIE

CORNELIA

WARD

5. SEX:
FEMALE6. COLOR OR
RACE:
WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): MARRIED

NOV. 15, 1873

8. DATE OF BIRTH:

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):

HOUSEWIFE

10B. KIND OF BUSINESS
OR INDUSTRY:

DOMESTIC

13. FATHER'S NAME:

WILLIAM WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service):

NO

16. SOCIAL SECURITY NO.

NONE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE

(A)
DUE TO

Cardiac Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

2 wks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

Cardiac Cardiomegaly

(C)

Diabetes mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1955, to Nov. 10, 1955, that I last saw the deceased

alive on Nov. 10, 1955, and that death occurred at Crisfield, MD, from the causes and on the date stated above.
SIGNATURE ADDRESS DATE SIGNED

Sarah M. Peeler

M. D. Crisfield, MD Nov. 12, 1955

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

BURIAL

Nov. 13, 1955

SUNNYRIDGE CEMETERY

CRISFIELD, MD.

DATE REC'D BY LOCAL
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Nov. 13, 1955

Barbara J. Adams

BRADSHAW & SONS - CRISFIELD, MD.

BUREAU V. S.

NOV 17 1955

RECEIVED